

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09784005</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		1		1	53						
4	1		1		1		54						
5		1		1		1	55						
6		1		1		1	56						
7	1		1		1		57						
8	1		1		1		58						
9					1		59						
10					1		60						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		5		TOTAL IND.						
TOTAL DEP.	5		9		15		TOTAL DEP.						
TOTAL CLAIMS	9		13				TOTAL CLAIMS						